

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11	1					
12		2				
13		2				
14	1					
15						
16	1					
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44						
45						
46						
47						
48						
49						
50						
Total Indep	5					
Total Depend	14					
Total Claims	19					